

2016 Individual Stand Alone Dental Plans

Plan ID/ Form Schedue #	57601NH0420004		87701NH0070001	87701NH0090001	57601NH0400003		57601NH0420003		87701NH0080001	87701NH0100001	82708NH0010006
Issuer	Anthem		Delta Dental	Delta Dental	Anthem		Anthem		Delta Dental	Delta Dental	Dentegra Insurance Company
Plan Name	Anthem Dental Family Enhanced		Delta Dental Family High Plan	Delta Dental Pediatric High Plan	Anthem Dental Pediatric		Anthem Dental Family		Delta Dental Family Low Plan	Delta Dental Pediatric Low Plan	Dentegra Dental PPO Family Basic Plan
Metal Level	High		High	High	Low		Low		Low	Low	Low
Product Type	PPO		PPO	PPO	PPO		PPO		PPO	PPO	PPO
Network Coverage	Dental Complete		Delta Dental PPO	Delta Dental PPO	Dental Complete		Dental Complete		Delta Dental PPO	Delta Dental PPO	Dentegra Dental PPO
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Deductible	\$25		\$25		\$50		\$50		\$50		\$125
Max Out of Pocket-Individual/Family	\$350 per person \$700 per group		Not Applicable		\$350 per person \$700 per group		Not Applicable		\$350 per person \$700 per group		\$350 per person \$700 per group
Dental Checkup for Children	No Charge after deductible	20% Coinsurance after deductible	\$15	\$15	No Charge after deductible	30% Coinsurance after deductible	No Charge after deductible	30% Coinsurance after deductible	\$30	\$30	No Charge after deductible
Basic Dental Care-Child	20% Coinsurance after deductible	40% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	50% Coinsurance after deductible
Orthodontia-Child	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50%	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50%	50% Coinsurance after deductible
Major Dental Care-Child	50% Coinsurance after deductible	50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	\$30 Copay after deductible	50% Coinsurance after deductible
Routine Dental Services-Adult	No Charge after deductible	50% Coinsurance after deductible	\$15	Not Covered	Not Covered	Not Covered	No Charge after deductible	50% Coinsurance after deductible	\$30	Not Covered	No Charge after deductible
Basic Dental Care-Adult	20% Coinsurance after deductible	60% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	75% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible
Orthodontia-Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Major Dental Care-Adult	50% Coinsurance after deductible	75% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	70% Coinsurance after deductible	85% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	Not Covered	Not Covered